

culatation, rather than to local bleedings, and especially to diet, which diminishes slowly the mass of the blood, and besides have the inconvenience of impoverishing this fluid. This is especially applicable, says M. Piorry, in hypertrophy in which the heart is soft and acts feebly; here we must strictly guard against severe diet, which is useful in hypertrophies in which the heart is hard and beats with energy. He denies also the advantages of restricted diet in aneurisms of the heart and large vessels, because the blood is deprived of its plasticity, and the retraction of the abdomen, and of the viscera contained in this cavity, makes the blood flow in greater quantity into the cavities of the heart and large vessels. Abstinence and diet, he says, are useful in recent acute pneumonia, but hurtful in the pneumonia of old persons, resulting from a mechanical obstacle to the circulation; he has cured at La Salpêtrière more cases of this kind by tonic regimen, than by diet and diluents. M. P. says also, that in phthisis pulmonalis diet does not prevent either the softening of the crude tubercles, or the absorption of the pus from those that are soft and suppurated; from which he concludes, that it unnecessarily adds to the exhaustion of the patient: he thinks, therefore, that a diet essentially animal, would be often proper, arguing from the fact, that tubercles never occur in carnivorous animals, and, on the contrary, are very frequent in herbivorous. He asserts, that if diet is indispensable in acute gastritis and enteritis, it is injurious in the latter stages of these diseases, even when there is still loss of appetite, loathing, furred tongue, pain, heat of the epigastrium, &c. Assuming that the gastric juices are acid, and can corrode the parietes even of this organ, he thinks that the stomach would be less irritated by food, than by its own juices; he believes that many cases of softening of the mucous membrane of the stomach in diseases of long continuance, are often the effects of these acid juices, and prolonged abstinence. He finally says, that this often causes gastritis, as we see it in individuals who die of hunger. In diseases of the brain and its membranes, he says, that in certain persons abstinence produces head-ache; in infants, convulsions; and in most cases delirium.

Verily this is a consoling system for the gourmand. Were honest Sancho now ruling his Island of Barataria, Dr. Piorry might confidently reckon upon being installed into the office of court physician, to the discomfort of Dr. Snatchaway.

35. *Malignant Intermittent Fever Successfully Treated by the Endermic Method.*—In the *Annali Universali di Medicina*, for January, 1830, two cases of pernicious intermittent, one, a man aged thirty-six, the other, a girl aged ten years, are related by Dr. BROGLIA DEL PERSICA, successfully treated by the sulphate of quinine applied according to the endermic method.

36. *Paralysis of the Tongue.*—The subject of this case was a woman, aged thirty-two years, who had had the preceding year a very violent cerebral fever, subsequent to which, she was affected, during four months, with a great difficulty of speaking, which, however, after a time left her. She suffered, however, a relapse of this difficulty, and nine days afterwards was admitted into the clinical wards of La Charité under the care of M. CAYOL. She pronounced words with so much difficulty, that she could not make herself understood. Nevertheless, she had no difficulty in thrusting her tongue out of her mouth, and in performing all the movements necessary for mastication and deglutition. The intellectual faculties were in a healthy condition, as were all the other functions. She had only a severe headache. M. Cayol ordered twenty leeches to the base of the cranium; repeated purgations with Seidlitz powders; and finally, a seton to the nucha. By these measures a complete cure was effected in three weeks.—*Revue Médicale*, April, 1830.

37. *Treatment of Chorea.*—Baron DUFREIX has for a long period employed with success, as a principal remedy in the treatment of chorea, cold baths and

cold affusions. He administers them in the following manner:—The patient is held by two men, one of whom takes him by the arms, the other by the legs; they then dip his body quickly in a bathing-tub of cold water. This immersion, which lasts only an instant, ought to be repeated five or six times in a quarter of an hour. It produces in the patient a very violent muscular spasm, particularly in the pectoral region, insomuch that he thinks himself about to suffocate, but habit soon renders this sensation less insupportable. The operation being over, the patient is wiped perfectly dry, and made to take pretty active exercise for half an hour or an hour. M. Dupuytren remarks, that after following this treatment a few days, cases of chorea of several years standing have become better, and sometimes in the course of a fortnight or month, got completely well. For the application of cold affusions, the patient is seated in an arm chair or bathing-tub, when six or seven jets of cold water are successively dashed upon his head, and other parts of his body, after which the same attentions and exercise, as before mentioned, are to be adopted. The treatment by affusions is especially employed for females.

The Journal Hebdomadaire, from which the note is borrowed, has published three cases cured by these means; one of a young man, aged sixteen years, who had been affected for several years, and whose four limbs were very much affected, cured in five weeks; another, of a girl, aged seventeen years, affected chiefly on one side of the body, cured in three weeks; the third, a little girl aged thirteen years, affected for three months throughout the body, cured in twelve days.—*Journal des Progrès, Tom. III. 1830.*

38. *Membranous Tracheal Angina.*—A lace-maker, twenty-six years of age, after loss of appetite for some days, was affected with febrile uneasiness and slight ebulliness. Soon afterwards a hard and troublesome cough, with hoarseness, pain at the anterior part of the neck, and difficulty of deglutition, supervened. When he entered the clinical wards of La Charité, the fifteenth day of the disease, all these symptoms continued, except the fever, which had ceased several days before. The cough had a very marked croupal character. Respiration laborious and hissing, especially during inspiration; expectoration aqueous, abundant, containing many small fragments of membraniform concretions of a grayish-white, and of the consistence of the hoiled white of an egg; pulse 86; heat of skin natural; no derangement of the digestive functions. On examining the fauces, many patches of lymph, of the size of a finger nail, were observed near the base of the uvula and velum palati. Ordered twelve leeches to the sides of the larynx; and the same day emetic potion with two grains of tartar emetic; tisan of saponaria. The vomiting was abundant, and produced the expectoration of numerous shreds of dense, membraniform concretions, one of which was about three inches long, tubular and bifurcated at its extremity, perfectly represented one of the first divisions of the bronchia.

The next day, July 8th, new plates of coagulating lymph were observed on the tonsils, the velum palati, and the posterior portion of the larynx. The aphonia was complete: the elicit on percussion resounded naturally every where; but the respiration was feeble, and made a noise very analogous to that of bronchic respiration; besides, at intervals a little of the vibrating râle was heard. Ordered a concentrated solution of sulphate of alumine to be applied to the shreds of lymph in the throat; potion with a strong decoction of polygala; two grains of calomel every two hours.

9th. The membraniform concretions of the pharynx were in part detached, leaving exposed red sensitive spots deprived of epithelium. Respiration freer; patient feels better; constipation. Ordered three glasses of Seidlitz water; frictions on the anterior part of the neck, with half a drachm of mercurial ointment; other remedies to be continued.

The following days the patient continued to improve. On the 12th scarcely any more of the plates of lymph could be seen in the throat, and the expectorated matter contained scarcely any membranous shreds. On the 13th the ca-